

**From:** Washington Metropolitan Area Transit Commission [administrator@wmatc.gov]  
**Sent:** Friday, January 06, 2012 2:01 PM  
**To:** Chris Aquino  
**Subject:** 2012 Annual Report - WMATC No: 1210, Carrier Name: First Health Choice Services LLC  
**Attachments:** 4f074504c4431-CURRENT VEHICLE LIST.xlsx

---

## Washington Metropolitan Area Transit Commission

### 2012 Carrier Annual Report Form

---

#### **NEW THIS YEAR:**

- Annual reports can now be filed online at [www.wmatc.gov](http://www.wmatc.gov). Annual fees can also be paid online using a credit or debit card. Your username and password is required to access e-filing.
- Carriers holding U.S. Department of Transportation authority must now indicate their USDOT number. Also, carriers must indicate whether each vehicle in their fleet is equipped with a wheelchair lift or ramp.

#### **FILING INFORMATION:**

- Each carrier holding a WMATC certificate of authority on January 1, 2012, must file a complete 2012 annual report and pay a \$150 annual fee on or before **January 31, 2012**. To be timely, the report and fee must be received at WMATC's office by 4:30 p.m. (or submitted online by 11:59 p.m.) on this date.
- Incomplete annual reports will not be accepted. All fields marked with an asterisk (\*) must be completed. If any information is missing or incorrect, make all necessary corrections.
- Each carrier that fails to file a complete annual report on time will be assessed a **late fee** pursuant to Regulation No. 67-03. Each carrier that fails to pay the \$150 annual fee on time will be assessed a separate **late fee**.
- The WMATC operating authority of each carrier that has not filed a complete annual report and paid its annual fee and any assessed late fees will be automatically suspended effective May 1, 2012.
- Filing an annual report containing false information, or omitting information, may result in the assessment of a civil forfeiture.

**1. ANNUAL REPORT OF:**

**WMATC No.:** 1210

**USDOT No.:**

**Name of Carrier (as shown on certificate of authority):** First Health Choice Services LLC

**Trade Name:**

**Principal Place of Business**

**Street Address:** 14802 Bowie Farm Court

**City:** Bowie

**State:** MD

**Zip:** 20721

**Mailing Address (if different from street address)**

**Street:**

**City:**

**State:**

**Zip:**

**Telephone Number:** (202)359-9750

**Other Telephone:** (202)904-5237

**Fax Number:** (301)383-1236

**E-mail:** [jngwafa01@yahoo.com](mailto:jngwafa01@yahoo.com)

**2. CARRIER CONTACT PERSON** (at mailing address to whom we should direct inquiries):

**Name:** Joseph Ngwafa

**Title:** President

**Telephone Number:** (202)904-5237

**Other Telephone:** (202)359-9750

**Fax Number:** (301)383-1236

**E-mail:** [jngwafa012yahoo.com](mailto:jngwafa012yahoo.com)

**3. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS**

\*(Complete section 3 only if the principal place of business in section 1 is outside the Metropolitan District):

The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see [www.wmatc.gov](http://www.wmatc.gov).

**Name of Registered Agent for Service of Process:**

**Agent Address:**

**City:**

**State:**

**Zip:**

**Telephone Number:**

**E-mail:**

**4. \*CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the

carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

None

5. **\*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** Choose one, and **only one**, of the following two options: (1) list your vehicles below; **or** (2) upload your own complete vehicle list. Include **all** required information.

Fleet No.	Year	Make	Vehicle VIN	License Plate	State	Seating Cap.	Wheel Chair

**\*Your vehicle list was attached to your submission.**

6. **\*CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me and under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

**Name:** Joseph Ngwafa  
**Title:** President  
**Date:** 01/06/12

### WMATC VEHICLE LIST

YEAR	MAKE	VIN	LICENCE PLATE	STATE REGISTERED	SEATING CAPACITY	WHEELCHAIR
2008	FORD	1FBNE31L48DB14867	51736B	MARYLAND	12	NO
2006	FORD	1FBSS31L66HA31863	48594B	MARYLAND	7	YES
2006	FORD	2FMDA58246BA00104	51730B	MARYLAND	7	NO
2006	FORD	1FTSS34L46HB20550	48561B	MARYLAND	8	YES
2005	CHRYSLER	1C4GP45R75B174927	48593B	MARYLAND	7	NO
2005	CHRYSLER	2C4GP54L95R212565	47451B	MARYLAND	7	YES
2005	FORD	2FAFP71W25X149462	46054B	MARYLAND	5	NO
2004	FORD	1FTNE24W64HA02618	48592B	MARYLAND	7	YES
2004	FORD	1FDSE35L64HA15510	50134B	MARYLAND	12	NO
2004	DODGE	1D4GP45R44B512205	48591B	MARYLAND	7	YES
2003	FORD	1FBNE31L83HA85715	50133B	MARYLAND	12	NO
2003	CHEVROLET	1GNEL19X53B144372	52015B	MARYLAND	7	NO
2002	FORD	2FMZA51472BB49666	51734B	MARYLAND	7	NO
1999	FORD	1FBSS31F2XHC16200	48552B	MARYLAND	9	NO